



**Governor's Office of Workforce Development  
WIA Complaint Information Form**

FORM C

WIA Participants must fill out this form in order to log an official complaint against a local area that is a sub-recipient of WIA Title I funds. The completed form must be submitted after 30 calendar days of filing your grievance at the local area to the following:

**Governor's Office of Workforce Development**

Attn: Compliance Manager

Two Martin Luther King, Jr. Drive Atlanta, GA 30334

Phone: (404) 656-9485 Fax: (404) 463-5043.

Electronic submissions should be sent to: [wdcompliance@georgia.gov](mailto:wdcompliance@georgia.gov)

**1) Participant Information:**

Name \_\_\_\_\_

Home Number \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

**2) Local Area Information:**

Representative involved in the complaint \_\_\_\_\_

Email address of representative involved \_\_\_\_\_

Provide information of local area involved:

Name \_\_\_\_\_

Address \_\_\_\_\_

**3) What is the most convenient time and place for us to contact you about this complaint?**

\_\_\_\_\_

**4) Have you ever attempted to resolve this complaint at the local Level? ☐ No ☐ Yes**

a. Have you been provided with a final decision at the local level regarding your complaint?

☐ No ☐ Yes

Date of final decision (if any) \_\_\_\_\_

b. Have 90 days elapsed since you filed or attempted to file this complaint at the local level?

☐ No ☐ Yes

Date you filed or attempted to file your complaint at the local level \_\_\_\_\_

FOR DISCRIMINATION ONLY – COMPLETE 5 THROUGH 13

5) To your best recollection on what date (s) did the discrimination take place?

Date of first occurrence \_\_\_\_\_

Date of most recent occurrence \_\_\_\_\_

6) Explain as briefly and clearly as possible what happened and how you were discriminated against. Please indicate who was involved. Be sure to include how other persons were treated differently from you. Also attach any written material pertaining to your case.

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7) Basis of Complaint: Which of the following best describes why you believe you were discriminated against: (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Race                       | <input type="checkbox"/> Color                 |
| <input type="checkbox"/> Religion                   | <input type="checkbox"/> National Origin       |
| <input type="checkbox"/> Gender [ ] Male [ ] Female | <input type="checkbox"/> Age                   |
| <input type="checkbox"/> Disability                 | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Citizenship                | <input type="checkbox"/> Reprisal/Retaliation  |
| <input type="checkbox"/> Other                      |  |

8) What other information do you think is relevant to your complaint?

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9) If this complaint is resolved to your satisfaction, what remedies do you seek?

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10) Please list below any persons (witnesses, or others) that we may contact for additional information to support or clarify your complaint:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

11) Do you have an attorney?

☐ No ☐ Yes

If yes, please provide name, address and phone:

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

Attorney's Telephone Number \_\_\_\_\_

12) Have you filed a case or complaint with any of the following?

- ☐ Civil Rights Division, U.S. Dept of Justice
- ☐ U.S. Equal Employment Opportunity Commission
- ☐ Federal or State court
- ☐ Your State or local Human Relations/Rights Commission

13) For each item checked in #15 above, please provide the following Information:

Agency\_\_\_\_\_

Date Filed\_\_\_\_\_

Case or Docket Number\_\_\_\_\_

Date of Trial or Hearing\_\_\_\_\_

Location of agency or court\_\_\_\_\_

Name of Investigator\_\_\_\_\_

Status of Case\_\_\_\_\_

Comment\_\_\_\_\_:

PLEASE NOTE THAT BY SIGNING AND SUBMITTING THIS FORM (ELECTRONICALLY OR VIA MAIL); YOU ARE ACKNOWLEDGING THAT ALL OF THE INFORMATION PRESENTED IS ACCURATE AND NOT FRAUDULENTLY REPORTED.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date